



An ISO-9001:2015 Company

Return by Mail, email, or FAX to:
12320 Globe Street Livonia, Michigan 48150-1144
Email: accounting@bearingservice.com
FAX# 734-591-0618

Credit Application

Company Name: (Legal Company Name)
(Billing Address) (City, State, Zip) (Phone No.) (Fax No.)
(Shipping Address, if different) (City, State, Zip) (Phone No.) (Fax No.)
Incorporation State: Date Business Established:
SIC / NAICS Code: Duns No.:
Payables Contact Name:
email address: Phone:
Names and titles of principal officers / owners:
Has ownership/control of the business changed within the past ten years? YES NO
If YES, please explain:
How long at present location? How much credit desired per month?
Trade References (4 Required):
Company Name Account No. Fax No. Tel No.
1.
2.
3.
4.
BANK INFORMATION:
Bank Name: Account No.
Address:
Contact: Telephone No:
Has Applicant, any affiliated companies, owners, partners, or officers ever filed a voluntary petition in bankruptcy, been adjudged bankrupt or made an assignment for the benefit of creditors? YES NO
Is applicant doing business under any other name? YES NO If YES, please explain:
Has the business been conducted under any other names during the past ten years? YES NO If YES, please explain:
Has a tax lien been filed against applicant, affiliated companies, owners, partners, or officers within the past 5 years? YES NO
Authorized By:
Name (Print Name) Title
Signature Date